2022-09-22 Quality Measures Meeting Notes

Date: September 22, 2022
Time: 2:00-3:00pm EST

Attendees

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>Contact</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telligen</td>
<td>Becky Metzger</td>
<td>Y</td>
</tr>
<tr>
<td>ASCO</td>
<td>Caitlin Drumheller</td>
<td>Y</td>
</tr>
<tr>
<td>Evernorth</td>
<td>David Nyberg</td>
<td>Y</td>
</tr>
<tr>
<td>Evernorth/Cigna</td>
<td>Dr. Vik Shah</td>
<td>Y</td>
</tr>
<tr>
<td>Telligen</td>
<td>Gail Winters</td>
<td>Y</td>
</tr>
<tr>
<td>ASCO</td>
<td>Karen Hagerty</td>
<td>Y</td>
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<tr>
<td>ASTRO</td>
<td>Randi Kudner</td>
<td>Y</td>
</tr>
<tr>
<td>Evernorth</td>
<td>Rick Emery</td>
<td>Y</td>
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<tr>
<td>Telligen</td>
<td>Sharon Labbate</td>
<td>Y</td>
</tr>
<tr>
<td>Cigna</td>
<td>Sondra Berger</td>
<td>Y</td>
</tr>
<tr>
<td>MITRE</td>
<td>Anthony DiDonato</td>
<td>Y</td>
</tr>
<tr>
<td>MITRE</td>
<td>Liz Canzone</td>
<td>Y</td>
</tr>
<tr>
<td>MITRE</td>
<td>Laura Clark</td>
<td>Y</td>
</tr>
<tr>
<td>MITRE</td>
<td>Brittany Nguyen</td>
<td>Y</td>
</tr>
</tbody>
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Action items

- Anthony: send out survey for scheduling meeting cadence
- Rick and team to meet with terminology group to determine first set of VA measure.
  - Randi/Becky to re-evaluate this after they meet
- All: Review & Populate Confluence Page
  - Project Plan
  - Roles
  - Workflow diagram/Graphic
- Gail: Add QM templates for data/measure
- Anthony & All: start to populate Check List on Confluence Page
  - Review this next meeting

Decision Points

- Discovery stage next steps
  - recurring member meeting cadence: survey will be sent out to determine scheduling
    - Telligen group: would like to be on both meetings
    - Randi: would like to be on both meetings
    - ASCO: Caitlin: split folks up. will loop back with Stefanie.
    - Rick: request: have calls not conflict with other CodeX Calls
- Focus Group Structure
  - Becky Metzger: likes terminology.
  - Focus for Group 1: clinical group
  - Focus Group 2: technical/terminology
  - Randi: keep 0-1 streamlined
    - Phase 0: RRTD Group
    - Phase .5: RRTD Group
- **Phase 1: RRTD Group**
- **Phase 2: expand group to include clinicians**

**Implementation Pass:**
- Randi: only missing piece is the information vendor. Unsure if we can lean on RRTD group with where we have Varian, etc. Maybe difficult because vendors are getting out of QM. Approach: if we pitch is more as a data element implementation so measured data can be pulled and aggregated - that would be a more possible sell to vendors.
- Becky: Timing to bring them in is important. Perhaps figure out a way to let them focus on their priority but continue to show them there is a role we need their help with after this initial offering.
- Randi: maybe a year in advance?
- Becky: Present it as "...this will make it easier..."
- Rick: can we align interest together to bring stakeholder to the table? OEM measures

**Potential plan:**
- Strategic 1 off call with vendors.
- Wait for OEM implementations to occur

**Planned Agenda Topics**

**Agenda**

Quality Measures to begin preparing project materials to support the transition from Pre-Discovery to Discovery. In particular, focus our next discussion on:

1. Introducing new team members
2. Discussing what moving to the Discovery Stage entails
   a. Scheduling recurring meetings
      i. First full team call – do any of the FindTime results the week of October 3rd work well? If not, should we push to the following week and establish our recurring Member meeting (biweekly, typically)?
   b. Populating our specific CodeX Quality Measures pages on Confluence and elsewhere
   c. Creating a use case workflow graphic
   d. Preparing for public calls
   e. Gathering input and feedback from the broader quality measures community
   f. Stakeholder engagement and preparing materials that will best communicate our project scope/message to others
      i. Connecting with non-CodeX members
      ii. Creating Useful Resource documents to support our work
3. Reviewing the Use Case Development Guidelines page on Confluence and determining how we will begin tackling requirements to help us ultimately move into the Planning Stage
4. Completing our action items found at the bottom of our project proposal page (columns E-I)
5. Time-permitting:
   a. CMS held a webinar on August 25th to provide additional details regarding the Enhancing Oncology Model. The attached slide deck is a set of screenshots I took, after watching the recording this morning, specific to EOM's initial list of quality measures and clinical data elements. CMS notes that these measures and data elements are subject to change, but I thought this would be helpful to get a sense of what CMS may ultimately require participants to report.
   b. Two things to note:
      i. Slide 3 – one of the quality measures being considered is "pain intensity quantified", which is the first measure the CodeX Quality Measures team is working on
      ii. Slide 5 – there's a note at the bottom of this slide stating, "CMS continues to explore ways to align with other reporting standards (e.g., mCODE, USCDI) and is open to feedback and suggestions on the above list."
         1. Could this be another opportunity to connect with CMS about incorporating mCODE into their EOM model?
         2. We should look for opportunities to connect with CMS on EOM as the CodeX quality measures use case develops. The best outcome would be getting CMS engaged in CodeX through the use case.

**Discussion**

| Date | Slides - General | Slides - Codex Measure Authoring Overview v1 | Slides - EOM |
Next Steps

(4) Reviewing the Use Case Development Guidelines page on Confluence

**CodeX Use Case (UC) projects are in one of 3 Stages:**

- Use Cases in *Discovery* are ideas in the Backlog that have been proposed for future consideration, with a small group discussing, and aligning on a concept.
- Use Cases in Active Community *Planning* are, as the name implies, being planned with Members - Identifying necessary stakeholders, objectives, deliverables, measures of success and schedules for fast-moving UC project Phases once the work moves into Execution.
- Use Case Projects in Active Community *Execution* are projects where models, FHIR IGs, implementations and pilots are currently making progress within agile project Phases, led by CodeX members.

The following guidelines will be used by CodeX Program Management (PM), the Operating Committee (OC) and the Steering Committee (SC) to advise and make decisions on Use Case Stage transitions. Provided all other requirements below are adequately addressed, a very important factor for moving a UC to Executing is a request for funding for resources from the CodeX Member-fee-funded budget. The table below aims to help decisions to be made objectively.

Once in the UC backlog, the following guidelines are used to assess and approve transitions from one Stage to another. The table below will be replicated in the Member Confluence area for each UC that enters the Discovery Stage. There UC leaders will enter answers to the information required below:

<table>
<thead>
<tr>
<th>Category</th>
<th>During Discovery, Before approval by the Steering Committee to move to Planning.</th>
<th>Current Status</th>
<th>During Planning, Before approval by the Steering Committee to move to Execution.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Concept</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Web</td>
<td>Create public and Member-only UC Web areas on Confluence. PM/Coordinator will help set these up using standard templates. Add content as noted below.</td>
<td>In-progress</td>
<td>Update content as noted below. Completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Web area is available on Confluence. working on populating quality measures content on these specific Confluence pages</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Updates to description and references. Completed</td>
<td></td>
</tr>
<tr>
<td>Problem</td>
<td>On public page, provide a nearly complete description. References to studies regarding the quantitative and/or qualitative extent of the Problem would be helpful.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solution / workflow</td>
<td>On public page, provide, preferably, a single, proposed solution and workflow diagram (PM/Coordinator can help with graphics) around which Discovery UC Members (and those committed to join) are aligned. Should be a novel solution, but doable.</td>
<td>Alignment of the UC Members (and committed to join) around a single, initial, more detailed, proposed solution and workflow documented on the public CodeX Confluence page.</td>
<td></td>
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</table>
### Potential impact

On public page, provide an estimate of quantitative and/or qualitative improvements that might be realized if the solution proves successful. Categories of improvements could include better quality, less expensive/burdensome, more equitable care, research, surveillance.

### Scope (in addition to above and below)

Concept and solution are consistent with the vision, principles of CodeX:

- **Vision**: Collect patient data once and reuse for multiple purposes
- **Domains (today)**: oncology, cardiovascular, genomics
- **Member-driven by key representatives of necessary stakeholders** (see "Team" below)
- **Accelerate interoperable data modeling and implementation around FHIR, HL7 standards, including CodeX products like mCODE and associated artifacts?**

### Team

#### Meetings

Meetings with individual, potential Members is the best way to discuss specific interests.

Schedule, as early as possible, weekly or bi-weekly public calls to build broader interest and gather ideas that help to form the Concept, Team and Plan. PM/Coordinator will help target participants and schedule.

Schedule CodeX Leadership (Paying, Gov’t and Sponsored Members or those who commit) calls to consider all input and make decisions.

See meeting and messaging recommendations - Communication Rhythm

#### Member leadership

At least 1 "Member Champion", who commits to lead concept and planning alignment, engagement of stakeholders, etc. Add names to public CodeX Confluence page.

Preferably at least 2 Members or those to commit to fulfill each role.

#### Resources requested from the CodeX Member-fee budget (in addition to the in-kind resources to be provided from UC participants)

Estimate of full-time equivalent (FTE) resources (and skills) being requested to be funded from the CodeX Member-fee-based budget (e.g., funding from CodeX Membership fees paid to HL7). These are resources that are not likely to be provided through in-kind support from UC participants.

**Note**: Experience suggests that a minimum of 0.25-0.5 FTE for a UC Coordinator plus 0.1-0.2 FTE for overarching PM support (engagement, governance, communications, education) is important to moving fast and in an organized fashion. If additional expertise is required for terminology, FHIR, architecture, software development, pilot planning/execution, etc., another 0.5 - 2.0 FTE could be needed.

Final estimate of full-time equivalent (FTE) requirements by skill level being requested from the CodeX Member-fee budget.

#### Sufficient Member-fee and/or grant funding and/or Member in-kind resources (to meet the request in the previous row)

List of specific, potential UC participants who are not yet Members or not committed to join.

**Note**: For resources that are needed, but not provided as in-kind support, assume that $150K or more of funding could be needed through new paying Membership, grant funding and/or through freeing up of resources from existing and/or ending UCs.

Updated list and be more specific including people’s names, if possible. Include a plan for engaging Members, potential new Members and other participants.

Note: Health Systems: While health systems are most welcome to join CodeX at any level, we are not requiring health systems to formally join CodeX in order to participate in implementations, pilots and other non-decision-making, but important work.

### Outside initiatives

Consortia or other organizations outside of CodeX with which the UC may want to interface, coordinate or partner, or at least remain aware of. Could be competitive.

### Plan
<table>
<thead>
<tr>
<th><strong>Agile, short Phases and success metrics for each Phase</strong></th>
<th>On the public page, list draft, high-level time-frames for Planning work and initial phases during Execution.</th>
<th>Phases defined in more detail in the Use Case's Member area. Each Phase is typically 3-9 months. Phase themes, stories, workflows and objectives will vary. One pattern is a Phase starting with a small amount of synthetic data, progressing to a Phase with de-identified data, then a Phase with live patient data. Specify a plan with a good level of detail and with measures of success out to at least 1 year. Note issues within the plan that require additional alignment within the UC team. Update the Use Case's public CodeX Confluence page plan summary as appropriate.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HL7 FHIR IGs</strong></td>
<td>Roughly, how existing FHIR IG might be used or updated. Initial thoughts on the need to develop new IGs as stand-alone artifacts and/or supplementary to existing specific IGs, working with existing HL7 WGs and/or outside organizations, complex terminology work, balloting in HL7, etc.</td>
<td>Include in the plan more details about the items on the left.</td>
</tr>
<tr>
<td><strong>Implementation in health information systems</strong></td>
<td>Existing IT systems that might be candidates to be updated to support existing/new FHIR IGs and functionality during pilots. New systems that might need to be developed.</td>
<td>Include in the plan more details about the items on the left.</td>
</tr>
<tr>
<td><strong>Piloting in real-world settings</strong></td>
<td>Initial thoughts on the location and nature of pilots, preferable sharing data across real-world settings.</td>
<td>Include in the plan more details about the items on the left.</td>
</tr>
<tr>
<td><strong>Risks</strong></td>
<td>The most important, potential challenges to success. For example, divergent views in the community, competing efforts, insufficient resources, technical or clinical barriers, legal work, etc.</td>
<td>Update list and include ideas for mitigating risks.</td>
</tr>
<tr>
<td><strong>Adoption and scaling</strong></td>
<td>Assuming successful pilots, the 3-5 most important challenges to be addressed to gain adoption and scale for impact.</td>
<td>Include in the plan more details about the items on the left.</td>
</tr>
</tbody>
</table>

### Aligning and Decision-Making

| **Meetings within the UC** | Experience has shown that a combination of some public and separate Member-only meetings is a good way to build broad interest, receive broad input, gain engagement and commitment, and still leverage Member meetings to make decisions. | |
| **Decisions within the UC** | Decision makers (approval of all of the above) must be CodeX paying, Gov't and/or Sponsored Members or must submit written commitment to join at one of these levels if/when the UC transitions to Executing. | |

### Decision regarding move to the next Stage

- UC leaders requests that PM start process of considering transition to Planning, based on input to requirements above.
- PM acknowledges receipt of request to proposer.
- PM, within ~1 business day of acknowledging receipt, informs the OC and SC.
- OC and SC have ~5 business days to express concerns about moving the UC to Planning.
- PM discusses any concerns with the proposer and the OC/SC, and is responsible for disposing of issues and informing all parties as to whether the proposed UC can move into Planning or not (with reasons).

- UC leaders requests that PM start process of considering transition to Execution, based on input to requirements above.
- PM acknowledges receipt of request to proposer.
- PM, within ~1 business day of acknowledging receipt, informs the OC and SC.
- OC and SC have ~5 business days to express concerns about moving the UC to Executing.
- PM discusses any concerns with the proposer and the OC/SC.
- PM convenes SC to make decision regarding moving to Execution.
- PM is responsible for disposing of any final issues and informing all parties as to whether the proposed UC can move to Execution immediately, or will need to stay in Planning due to lack of resources.